

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/030850**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4		3	/	1		
5	/		/			
6		1	/	1		
7		4		4		
8		4		4		
9	/		/			
10		4		4		
11		4	/	1		
12		4		4		
13		4		4		
14		4		1		
15		4		4		
16		1		1		
17		4		1		
18	/		/			
19	/		/			
20	/		/			
21		3		1		
22		3		1		
23		3		1		
24		3		1		
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49						
50						
TOTAL IND.	8		6			
TOTAL DEP.	26		37			
TOTAL CLAIMS	34		43			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS